S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1943

Registration District No. 96

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4048

State File No. 37725

Registrar's No. 14

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Rocheport
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rocheport
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community about 70 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town Rocheport
(If outside city or town limits, write "RURAL")
(d) Street No. ——— (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ———

3. (a) PRINT FULL NAME William Jackman
3. (b) If veteran, name war ———
3. (c) Social Security No. ———

4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Georgia Jackman
6. (c) Age of husband or wife if alive ——— years
7. Birth date of deceased about 1863 (Month) (Day) (Year)

8. AGE: Years about 70 | Months — | Days — | If less than one day ——— hr. ——— min.

9. Birthplace Boone Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farm
MOTHER FATHER
12. Name unknown
13. Birthplace ——— (City, town, or county) ——— (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace ——— (City, town, or county) ——— (State or foreign country)
16. (a) Informant Leslie Young
(b) Address Rocheport Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-2-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Rocheport Mo.
18. (a) Signature of funeral director Stuart D. Parker
(b) Address Columbia Missouri
19. (a) Nov 20-1943 (Date received local registrar) (b) Mrs. Betty Crane (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 28
year 1943 hour ——— minute ——— M.
21. I hereby certify that I attended the deceased from ——— , 19—— , to ——— , 19—— ;
that I last saw h— alive on ——— , 19—— ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Heart Ailment	
Due to: Apoplexy	
Due to: Hypertension	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 930	
Of autopsy none	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ———
(b) Date of occurrence ———
(c) Where did injury occur? At home (City or town) Boone (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? ——— (e) Means of injury ———

23. Signature Morris McAdams M.D. Coroner (M. D. or other)
Address Columbia Mo Date signed ———

878 (Licensed Embalmer's Statement on Reverse Side) 8688

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ .....

..... Registered Apprentice No. .....

working under my personal supervision.

Signed: Elmer D Parker

Licensed Embalmer No. 3906

P. O. Address Columbia M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.